

FREEDOM OF INFORMATION ACT REQUEST FORM

601 Broadway
Lincoln IL 62656

Requestor's Name		Telephone Number
Address		Email address
City-State-Zip	Will this material be used for commercial/solicitation purposes?	
Signature		

RECORDS SOUGHT (Be Specific)

Choose One:

1) _____ I would like the documents mailed. Mailing address: Name _____
Address _____
City, State, Zip _____

2) _____ I would like the documents emailed. Email address: _____

The first fifty (50) pages of black and white letter or legal size pages shall be provided free of charge. Any additional pages shall be charged \$.15 per page. Transcription of taped or electronic material shall be the actual cost of reproducing the records excluding any personnel costs. If the information requested is to be mailed, an additional charge for postage will be included. The department will respond to your request within five (5) business days after it is received.

If documents are to be used for commercial/solicitation purposes, provide a statement indicating the purpose for the request.

***** FOR OFFICE USE ONLY *****

RESPONSE: DATE REQUEST RECEIVED: _____

RESPONSE DATE: _____

Records made available: _____

Request denied, and reason: _____
